UNITED STATES DISTRICT COURT

for the

Southern District of New York

Division

Case No.

20-cy-2687

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plainliff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

The full name of each defendant who is being sued. names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page

with the full list of names. Do not include addresses here.)

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should not contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include only: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

A. The Plaintiff(s)

B,

The Plaintiff(s)	
Provide the information below for needed.	each plaintiff named in the complaint. Attach additional pages if
Name All other names by which you have been known:	JEFFERY HAWM
ID Number	21/50 10 0 54.4
Current Institution	349 19 06114 349 19 - 05714
Address	NIC I THE STATE OF
Addiess	1500 FAZER ST FORMULIST IN
	City State Zip Code
The Defendant(s)	
individual, a government agency, a listed below are identical to those c the person's job or title (if known) and	each defendant named in the complaint, whether the defendant is an norganization, or a corporation. Make sure that the defendant(s) ontained in the above caption. For an individual defendant, include d check whether you are bringing this complaint against them in their city, or both. Attach additional pages if needed.
Defendant No. 1	
Name	C. NVID DIVING ONTO GO MOST ALTERA
Job or Title (if known)	The far fing on which the first
Shield Number	
Employer	
Address	Fres 76, Wes 35/15. 61 Chase
	City State Zip Code
	Individual capacity Official capacity
Defendant No. 2	
Name	CA3 1117 Policio
Job or Title (if known)	CAS LUL Kodugdoz
Shield Number	DX (D) Pepiosentalist
Employer	IVPO PILICE TO
Address	Vaid To Control of the Control of th
	The top to the state of the sta
•	City State Zip Code
	Individual capacity Official capacity

	Defendant No. 3		
·	Name		•
	Job or Title (if known)		
	Shield Number		
		-	
	Employer		
	Address		<u>.</u>
		City State	Zip Code
			*
		Individual capacity Official capaci	ity
	Defendant No. 4		
	Name		
	Job or Title (if known)		
	Shield Number		······································
	Employer		
	Address		
	11441.000		
		City State	Zip Code
		Individual capacity Official capaci	•
	•	Individual capacity Cinicial capaci	ity
	Basis for Jurisdiction		
·	immunities secured by the Constitution a	ate or local officials for the "deprivation of any right and [federal laws]." Under <i>Bivens v. Six Unknown I</i> 88 (1971), you may sue federal officials for the violation	Named Agents of
	A. Are you bringing suit against (ch	eck all that apply):	•
-	Federal officials (a Bivens of	Jaim)	
	Tederal officials (a Bivens (iaiii)	
	State or local officials (a §	983 claim)	
	the Constitution and [federal law	ring the "deprivation of any rights, privileges, or im s]." 42 U.S.C. § 1983. If you are suing under section right(s) do you claim is/are being violated by state	ion 1983, what
			•
	C. Plaintiffs suing under <i>Bivens</i> ma	u only recover for the wint-time - Constant	1 . 1
		y only recover for the violation of certain constitution is stitutional right(s) do you claim is/are being violated.	onal rights. If you ed by federal

					-		
			•				
							-
	D.	Section 1983 allows defendar statute, ordinance, regulation, 42 U.S.C. § 1983. If you are of state or local law. If you a federal law. Attach additional	, custom, or usage, or suing under section re suing under <i>Biver</i>	f any State or Terri 1983, explain how	tory or the Distri each defendant a	ct of Columb cted under c	olor
		1000101 10111 / 1110011 0001110110	n pages it needed.		•		
				-			
	Prison	er Status					
•	Indicat	whether you are a prisoner or	r other confined new	on as follows (chas	b all that annihis		
		Pretrial detainee	controllined pers	oom as tollows (chec.	v ин тан арргу);		
		Civilly committed detainee					
		Immigration detainee			•		٠.
			a pricanar				
		Convicted and sentenced stat	e prisoner	,		٠	
			1				
		Convicted and sentenced fed	erai prisoner				
		Other (explain)	erai prisoner			*	
		Other (explain)	erai prisoner		· · · · · · · · · · · · · · · · · · ·		
	Stateme	•	erai prisoner				
,	State as alleged further cany case	Other (explain)	your case. Describe e dates and locations ner persons involved e claim is asserted, n	of all relevant eve in the events givin umber each claim a	nts. You may wi g rise to your cla nd write a short a	sh to include ims. Do not	!
	State as alleged further cany case	Other (explain) ent of Claim briefly as possible the facts of wrongful action, along with the details such as the names of othes or statutes. If more than one	your case. Describe e dates and locations ner persons involved claim is asserted, n aragraph. Attach ad	s of all relevant eve in the events givin umber each claim a lditional pages if ne	nts. You may wig rise to your cland write a short and write a short and write and writ	sh to include ims. Do not and plain	cite
	State as alleged further of any case statement	Other (explain) ent of Claim briefly as possible the facts of wrongful action, along with the details such as the names of othes or statutes. If more than one nt of each claim in a separate p	your case. Describe e dates and locations her persons involved claim is asserted, n aragraph. Attach ad ur claim arose outside Color of the	s of all relevant ever in the events givin the events givin tumber each claim a ditional pages if new dean institution, de the body of the	nts. You may wing rise to your cland write a short and seded.	sh to include ims. Do not and plain when they a	cite
	State as alleged further cany case statement.	other (explain) ent of Claim briefly as possible the facts of wrongful action, along with the details such as the names of othes or statutes. If more than one nt of each claim in a separate p If the events giving rise to you have a company to the company to	your case. Describe e dates and locations her persons involved claim is asserted, n aragraph. Attach ad ur claim arose outside Color of the	s of all relevant ever in the events givin the events givin tumber each claim a ditional pages if new dean institution, de the body of the	nts. You may wing rise to your cland write a short and seded.	sh to include ims. Do not and plain when they a	cite

C.	What date and	approximate	time did	the events	giving	rise to your	claim(s) occur	?
		· ſ	- P	1			A	

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

As the liemholder for example: What happened to you? Who did what?

P(6 colds Krom the sale of M 2054 Captings

C.T.S. Above Application of the sale of

auction date 9/16/19

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

VII. Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

No			,	:	
If yes, name the jail,		r correctional	facility wher	re you were c	onfined at the tin
events giving rise to	your claim(s).				
		ı	• .		· .
			•	• .	
· · · · · · · · · · · · · · · · · · ·	Market Control of the				
Does the jail, prison,	or other correc	tional facility	where your	claim(s) aros	e have a orievano
procedure?			· · · · · · · · · · · · · · · · · · ·	viami(b) (a bb	o navo a griovane
Yes					
No		•			
Do not know		•			
·					
Does the grievance p	rocedure at the	; jail, prison, c	or other corre	ctional facili	ty where your cla
cover some or all of	your claims?		•		
_ P				•	
Yes					•
☐ Yes					
Yes No					÷
					1.
No	\0				

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) a concerning the facts relating to this complaint? Yes No If no, did you file a grievance about the events described in this complaint at any other jail, prother correctional facility? Yes No If you did file a grievance: 1. Where did you file the grievance?	
If no, did you file a grievance about the events described in this complaint at any other jail, prother correctional facility? Yes No If you did file a grievance:	s) arose
If no, did you file a grievance about the events described in this complaint at any other jail, prother correctional facility? Yes No If you did file a grievance:	
other correctional facility? Yes No E. If you did file a grievance:	
E. If you did file a grievance:	, prison, or
E. If you did file a grievance:	
1. Where did you file the grievance?	:

What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)

What was the result, if any?

Pro Se 1	4 (Rev. 12/1	6) Complaint for Violation of Civil Rights	(Prisoner)			
	F.	If you did not file a grievance	•	• • • • • •	•	
		1. If there are any reasons w	vhy you did not file a g	grievance, state tl	hem here:	*
			NA			
		If you did not file a griev when and how, and their	•	m officials of yo	ur claim, state	who you informed,
				,	• .	
		4 				
					· · · · · · · · · · · · · · · · · · ·	
	G.	Please set forth any additiona remedies.	l information that is re	levant to the exh	austion of your	administrative
		(Note: You may attach as extadministrative remedies.)	nibits to this complaini	any documents i	related to the e.	xhaustion of your
VIII.	Previou	s Lawsuits				
	the filing brought maliciou	ree strikes rule" bars a prisoner g fee if that prisoner has "on the an action or appeal in a court ous, or fails to state a claim upor of serious physical injury." 28	ree or more prior occa of the United States that which relief may be	sions, while inca at was dismissed	rcerated or deta on the grounds	ained in any facility, that it is frivolous,
•	To the b	est of your knowledge, have y	ou had a case dismisse	ed based on this "	three strikes ru	le"?
	☐ Yes	\$				
	N₀		·			
-			r case, when this occu			

Case 1:20-cv-02687-CM Document 2 Filed 03/30/20 Page 9 of 13

Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

	ion?		·	•
<u></u>	Yes	•		
Z	No			
	your answer to A is yes, describe each lawsuit by a pre than one lawsuit, describe the additional lawsu			
1.	Parties to the previous lawsuit			
	Plaintiff(s)		· •	-
	Defendant(s)		·. ·.	
2.	Court (if federal court, name the district; if state	court, name the c	ounty and State)	
3.	Docket or index number		,	-
4.	Name of Judge assigned to your case	A STATE OF THE STA		
5.	Approximate date of filing lawsuit			
J.	reproximate date of filing lawsuit	-		
			-	
6.	Is the case still pending?			
	Yes			
			•	
	∑ No			
	If no, give the approximate date of disposition.	·		
7.	What was the result of the case? (For example: in your favor? Was the case appealed?)	Was the case disn	nissed? Was judgm	ent enter
,				

Case 1:20-cv-02687-CM Document 2 Filed 03/30/20 Page 10 of 13

12/16) Co	emplaint for Violation of Civil Rights (Prisoner)
<u> </u>	Yes
] No
	your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there are than one lawsuit, describe the additional lawsuits on another page, using the same format.)
1.	Parties to the previous lawsuit
	Plaintiff(s)
	Defendant(s)
2.	Court (if federal court, name the district; if state court, name the county and State)
,	
3.	Docket or index number
4.	Name of Judge assigned to your case
5.	Approximate date of filing lawsuit
6.	Is the case still pending?
	Yes
	No No
	If no, give the approximate date of disposition
7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
è	

IX. Certification and Closing

B.

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

to lastro

Date of signing:	(110 ///	<i>(</i> '	
		•	
Signature of Plaintiff	A A A		. 1
Printed Name of Plaintiff		EFFER	/ AUN II
Prison Identification#	549 1905714	J ()	
Prison Address	1500 HAZFU	2-1	Fleenis
	MAY	7/\/	11270
	City	State	(Zip Code
	1	!	
For Attorneys			
Date of signing:			
			•
Signature of Attorney	•		· ·
Printed Name of Attorney			<u>:</u>
Bar Number		<u> </u>	
Name of Law Firm			, , , , , , , , , , , , , , , , , , , ,
Address			
			·
	City	State	Zip Code
Telephone Number			* * * * * * * * * * * * * * * * * * * *
E-mail Address			



NEW YORK CITY POLICE DEPARTMENT Parking Enforcement District Auction Unit PIEN 76, WEST 38 STREET & 12 AVE. New York, NY 10018 212 9710776 Fax # 212-9719070

EFFEREY HAM. 2265 MATHGATS AVE 3A BRONY, NY 10457

DATE: 09/06/201

Our #: 3790098

YEER MARE: 2004 CADITUAC

PLATES: N/A STATE: N, A

VIN #: 1G6D)4577440105090

TOWING DATE:

08/22/2019

PROPOSED MICTIONS

09/16/2019

This letter is a formal Notice of Impending Sale of the vehicle. You have 10 days from the postmark date of this letter to redeem your vehicle. If you fail to claim your vehicle in ten (10) days, it will be deemed abandoned and will become the property of New York City. If you are a lien holder, your lien will be terminated. The vehicle will be sold at auction or otherwise disposed of181 SOUN pursuant to the New York State Vehicle and Traffic Law Section 1224. PROPERTY MUST BE CLAIM BEFORE PROPOSED AUCTION

If the vehicle is sold, the registered owner/lienholder may be entitled to whatever proceeds, if any, that may remain after \$185.00 despiction of the Tow Fee), Storage Charges (\$20.00 per day from Tow Date) and other aministrative costs. A written request for a refund must be forwarded to the Erie Auto Pound within a year

The Pier 76 Auction Unit is opened Monday to Friday, 8am to 4pm. The Pier 76 Tow Pound is opened 24 hours, Monday through Sunday from 7am to 5am. If you want to redeem the vehicle, you or authorized representative must present the following:

- Proof of ownership (Registration Certificate or Title)
- Valid Driver License
- Current Insurance Card
- Notarized authorization from the Registered Owner
- Tow Fee plus Storage Charges as defined above.

Payment may be made in cash, Certified Check, Money Order, Travelers' Check, Mastercard, Visa, American Express, Discover Credit Cards, and Interlink, NYCE, Maestro, Mac Debit Cards.

